Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/28/2014	Street:	13000 BLOCK CR 150 N COUNTY	
Incident #: 14ISPC4409 LINE MARTIN/DAVIESS		TIN/DAVIESS		
County: MARTIN		Apt, Lot, Room #:		
		City:	LOOGOOTEE	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, r	nulti-family dwelling: Shared HVAC	C: ☐ Yes ⊠ No	o 🗌 Unknown	
Items Found	l: Location (bedroom, kitchen, open air, o	etc) (check all that	apply)	
☐ One Pot or Birch Reaction(s): IN WEEDS			☑ Anhydrous Ammonia: <u>IN WEEDS</u>☑ Corrosive Acid: <u>IN WEEDS</u>	
 ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: IN WEEDS ☐ Water Reactive Metal (Lithium): IN WEEDS 		Amm	☐ Corrosive Base: ☐ Ammonium Nitrate/Sulfate: IN WEEDS ☐ Other (item and location):	
Child under	age 18 discovered (check appropriate)			
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		uncle Estimated occurring	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Additional Information:	
Vehicle, Tra	vel Trailer, RV or Watercraft Infor	mation:		
Owner: VIN: Year:		Make: Model: Color:		
This report l	has been faxed* or emailed to the fo	llowing agencies	s that serve the location:	
Health Depar	nent: <u>LOOGOOTEE VFD</u> Timent County: <u>MARTIN CO</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: El	MAILED MAILED v Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetan Officer: <u>CHARLES PIRTLE</u> Phon	nine laboratory, o e <u>800-742-7475</u>	contact	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.